Joint Task Force
National Capital Region Medical
DIRECTIVE

NUMBER 5103.05
APR 2 7 2012

J-3B

SUBJECT: Medical Surveillance Optimization (MSO) Work Group Charter

References: See Enclosure 1

1. PURPOSE. This Directive, in accordance with the authority in References (a) through (d), and the guidance in References (e) and (h), establishes a MSO Work Group to optimize communicable disease surveillance; investigation of disease cases, clusters, and epidemics; documentation and reporting of reportable diseases in accordance with Federal laws; coordination with local civilian public health authorities; analysis of epidemiological data; and risk communication within the Joint Operations Area (JOA) in accordance with the Joint Task Force National Capital Region Medical (JTF CapMed) decision making process.

2. APPLICABILITY. This Directive applies to JTF CapMed Headquarters, Walter Reed National Military Medical Center (WRNMMC), Fort Belvoir Community Hospital (FBCH) [hereafter, WRNMMC and FBCH are referred to as Medical Treatment Facilities (MTFs)], and the Joint Pathology Center (JPC).

3. MISSION. The MSO Work Group will provide policy guidance regarding communicable disease surveillance; investigation of disease cases, clusters, and epidemics; analysis of epidemiological data; and documentation and reporting of reportable diseases in accordance with Federal, State, and local laws. In addition, it will coordinate with local civilian public health authorities, and coordinate with the JTF CapMed Director of Legislative and Public Affairs to ensure accurate and timely risk communication.

4. ORGANIZATION AND MANAGEMENT. The MSO Work Group establishes its own operating procedures, meeting schedule, and interim work products necessary for the completion of its mission. The group is composed of subject matter expert representatives from the MTFs,

and from the JTF CapMed, J-3B Public Health and Preventive Medicine Team. The composition of the MSO Work Group is as follows:

a. Chairperson. As nominated by the JTF CapMed Chief, Public Health and Preventive Medicine and appointed by CJTF.

b. Recorder. As appointed by the Chairperson of the Work Group.

c. Voting Members:

(1) J-3B, Chief, Public Health and Preventive Medicine

(2) J-3B, Ancillary Services Officer

(3) Public Health Emergency Officer, Naval Support Activity Bethesda

(4) Department Head, Preventive Medicine, WRNMMC

(5) Laboratory Director, WRNMMC

(6) Chief, Public Health, 579th Medical Group

(7) Chief, Laboratory Services, 579th Medical Group

(8) Chief, Public Health, 779th Medical Group

(9) Chief, Laboratory Services, 779th Medical Group

(10) Chief, Department of Public Health, FBCH

(11) Public Health Emergency Officer, FBCH

(12) Laboratory Director, FBCH

d. Advisors:

(1) Service Liaison, Armed Forces Health Surveillance Center

(2) Director, Preventive Medicine, Navy and Marine Corps Public Health Center

(3) US Army Public Health Command

(4) Air Force Medical Support Agency

(5) Virginia Department of Health, Northern Virginia Regional Epidemiologist

(6) Maryland Department of Health and Mental Hygiene, Southern Maryland Regional Epidemiologist

(7) District of Columbia Epidemiologist

e. All team members are expected to attend meetings scheduled by the Chairperson, to be prepared for discussions that ensue, and to contribute accordingly. In the event a team member is unable to attend a scheduled meeting, an informed and empowered representative may attend and vote in his or her stead.

5. RESPONSIBILITIES. See Enclosure 2

6. RELATIONSHIPS. The MSO Work Group shall be accountable to, and route required written products and briefings to the Commander's Meeting, through the Executive Council and the Clinical Care/Quality Integrated Delivery System (IDS) Implementation Board. The Clinical Care/Quality IDS Implementation Board may require the Work Group to render periodic accounts of its progress and shall:

a. Review briefs prepared for presentation to the Executive Council.

b. Monitor initiatives of the MSO Work Group to assure submitted work products:

(1) Are delivered on time.

(2) Meet the quality expectations of the Executive Council.

(3) Promptly address any problematic Service-specific issues.

(4) Recognize the viewpoint of all constituencies.

7. AUTHORITIES

a. Tasking Authority. As specified in the Enclosure, each voting member shall provide one alternate member. This requires that the voting member identify decision-makers who can act on behalf of the functional area they represent.

b. Budgeting Authority. None.

c. Policy Authority. The MSO Work Group is authorized to approve subject matter content and develop issuances through the Director, Clinical and Healthcare Business Operations (J-3B). For issues regarding which consensus cannot be reached and for issues in which there is great public or congressional interest, the MSO Work Group shall ensure approval from the Executive Council—and codification of approved decisions via an issuance.

8. ADMINISTRATION

a. Committee Leadership and Management - Meeting Frequency. The MSO Work Group shall meet at least quarterly, and more often if needed, to ensure surveillance and disease reporting matters are addressed. Subgroups may be established by the Chairperson as needed.

b. Decision Making Methodology. A simple quorum (no fewer than 6 of the voting members in any combination) majority of sitting members will be required to move an issue or briefing forward. The Chairperson is a voting member for the purposes of quorum determination and in case of tie votes.

c. Status Reporting. Status reports shall be routed to the Director, Clinical and Healthcare Business Operations (J-3B), JTF CapMed for presentation to the Executive Director, Healthcare Operations, JTF CapMed.

d. Problem/Issue Escalation and Resolution Processes. In the event that the MSO Work Group encounters problems/issues that it cannot resolve, it shall seek the council of the Director, Clinical and Healthcare Business Operations (J-3B).

e. Committee Status. The MSO Work Group is a standing committee and will continue to meet and deliberate until the internal organizational structure of the JTF CapMed is revised.

9. RELEASABILITY. UNLIMITED. This Directive is approved for public release and is available on the Internet from the JTF CapMed Issuances Website at: www.capmed.mil.

10. EFFECTIVE DATE. This Directive is effective.

STEPHEN L. JONES
Major General, U. S. Army
Acting Commander

Enclosures
1. References
2. Responsibilities
3. Tri-Service Reportable Events
4. Virginia Reportable Disease List
5. District of Columbia Confidential Morbidity Reports
6. Diseases, Conditions, Outbreaks, & Unusual Manifestations Reportable by Maryland Laboratories

ENCLOSURE 1

REFERENCES

(a) Deputy Secretary of Defense Memorandum, "Establishing Authority for Joint Task Force – National Capital Region/Medical (JTF CapMed) and JTF CapMed Transition Team (Unclassified)," September 12, 2007
(b) Deputy Secretary of Defense Action Memorandum, "Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region – Medical," January 15, 2009
(c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
(d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010
(e) JTF CAPMED-I 5025.02, "JTF CapMed Corporate Decision Making Process," February 16, 2010
(f) 12 VAC 5-90-80 & 12 VAC 5-90-90 Regulations for Disease Reporting and Control, Code of Virginia, 28 March 2011
(g) Code of Maryland Regulations (COMAR) 10.06.01.03, Reportable Diseases, Conditions, Outbreaks, and Unusual Manifestations; Submitting Clinical Materials, 1 October 2008
(h) The District of Columbia Municipal Regulation (DCMR), Title 22, Chapter 2 Communicable and Reportable Diseases, §200-214, August 1986

ENCLOSURE 2

RESPONSIBILITIES

1. CHAIRPERSON. The Chairperson shall:

a. Forward an agenda to each voting member no later than 3 working days prior to each scheduled meeting. The agenda shall be incorporated into the meeting minute's format.

b. Forward a clearly written summary of the proceedings of the previous meeting to each voting member no later than 3 working days prior to each scheduled meeting. The written summary must:

(1) Endorse information/decision briefs deemed ready for consideration by the Executive Council.

(2) Specify the way ahead for information/decision briefs deemed not ready for consideration by the Executive Council.

c. Appoint individuals and form ad hoc work groups to accomplish tasks consistent with the MSO Work Group's mission.

d. Appoint an alternate recorder in the absence of the recorder.

2. RECORDER. The Recorder shall:

a. Prepare an agenda at the Chairperson's direction in time for the Chairperson to meet the deadline of paragraph 1.a.

b. Prepare a clearly written summary of the proceedings of the previous meeting at the Chairperson's direction in time for the Chairperson to meet the deadline of paragraph 1.b.

3. VOTING MEMBERS. Voting members (or designated alternate) shall:

a. Keep their respective leadership engaged and aware of the decision-making mechanisms in place and the issues being addressed by reporting groups.

b. Apprise their respective leadership of the MSO Work Group's progress, workings, and recommendations.

c. Prepare their respective Component leader for participation in the Executive Council by discussing salient issues contained in the briefs.

d. Act as subject matter experts without any bias to organizational loyalty, but based on technical capabilities.

4. WORK GROUP FUNCTIONS. The MSO Work Group shall provide management oversight for communicable disease surveillance; investigation of disease cases, clusters, and epidemics; documentation and reporting of reportable diseases in accordance with Federal, State, and local laws; coordination with local civilian public health authorities; analysis of epidemiological data; and risk communication within the JOA.

ENCLOSURE 3

Tri-Service Reportable Events

	Condition	ICD-9 code
1.	Amebiasis	006
2.	Anthrax	022
3.	Botulism	005.1
4.	Brucellosis	023
5.	Campylobacter infection	008.43
6.	Chlamydia trachomatis	099.41
7.	Cholera	001
8.	Coccidioidomycosis	114
9.	Cold weather injury (all)	
	a) CWI, Frostbite	991.3
	b) CWI, Immersion foot	991.4
	c) CWI, Hypothermia	991.6
10.	Cryptosporidiosis	007.4
11.	Cyclospora infection	007.5
12.	Dengue fever	061
13.	Diphtheria	032
14.	E. coli, shiga toxin-producing	008.04
15.	Ehrlichiosis/Anaplasmosis	082.4
16.	Encephalitis, Arboviral	
	a) Encephalitis, Mosquito-borne	062
	b) Encephalitis, Tick-borne	063
	c) West Nile Virus	066.4
17.	Filariasis	125
18.	Giardiasis	007.1
19.	Gonorrhea	098
20.	H. Influenzae, invasive disease	038.41
21.	Hantavirus disease	079.81
22.	Heat injuries	
	a) Heat stroke	992.0
	b) Heat injury, Unspecified	992.9
23.	Hemorrhagic fever	065
24.	Hepatitis A	070.1
25.	Hepatitis B, acute	070.3
26.	Hepatitis C, acute	070.51
27.	Influenza	487
28.	Legionellosis	482.84
29.	Leishmaniasis (all)	
	a) Leishmaniasis, Visceral	085.0
	b) Leishmaniasis, Cutaneous	085.4
	c) Leishmaniasis, Mucocutaneous	085.5
	d) Leishmaniasis, Unspecified	085.9
30.	Leprosy	030
31.	Leptospirosis	100
32.	Listeriosis	027.0
33.	Lyme disease	088.81
34.	Malaria (all)	
	a) Malaria, Falciparum	084.0
	b) Malaria, Vivax	084.1
	c) Malaria, Malariae	084.2
	d) Malaria, Ovale	084.3
	e) Malaria, Unspecified	084.6
35.	Measles	055
36.	Meningococcal disease	
	a) Meningitis	036.0
	b) Septicemia	036.2
37.	Mumps	072
38.	Norovirus	008.63
39.	Outbreak	136.9
40.	Pertussis	033
41.	Plague	020
42.	Poliomyelitis	045.0
43.	Q fever	083.0
44.	Rabies, human	071
45.	Relapsing Fever	087
46.	Rheumatic fever (acute)	390
47.	Rift valley fever	066.3
48.	Rocky mountain spotted fever	082.0
49.	Rubella	056
50.	Salmonellosis	003
51.	Schistosomiasis	120
52.	Severe acute respiratory syndrome (SARS)	079.82
53.	Shigellosis	004
54.	Smallpox	050
55.	Streptococcus, group A, invasive	038.0
56.	Syphilis (all)	
	a) Syphilis, Congenital	090
	b) Syphilis, Primary/Secondary	091
	c) Syphilis, Tertiary	095
	d) Syphilis, Latent	096
57.	Tetanus	037
58.	Toxic shock syndrome	040.82
59.	Trichinosis	124
60.	Trypanosomiais	086
61.	Tuberculosis, pulmonary	011
62.	Tularemia	021
63.	Typhoid fever	002
64.	Typhus fever	080
65.	Vaccine adverse event	979
66.	Varicella	052
67.	Yellow fever	060

June 2009

ENCLOSURE 4

Virginia Reportable Disease List

Reporting of the following diseases is required by state law (Section 32.1-36 of the *Code of Virginia* and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health *Regulations for Disease Reporting and Control – (www.vdh.virginia.gov/epidemiology/documents/regs.pdf)*. Report all conditions to your city/county health department. Those listed in **RED** must be reported within 24 hours of suspected or confirmed diagnosis by the most rapid means available and all others reported on an Epi-1 form within three days of suspected or confirmed diagnosis.

- Acquired immunodeficiency syndrome (AIDS)
- ♮ Amebiasis
- ❙ ♮ **ANTHRAX**
- ♮ Arboviral infection (e.g., EEE, LAC, SLE, WNV)
- ♮ **BOTULISM**
- ♮ **BRUCELLOSIS**
- ♮ Campylobacteriosis
- ♮ Chancroid
- ♮ Chickenpox (Varicella)
- ♮ *Chlamydia trachomatis* infection
- ❙ ♮ **CHOLERA**
- ♮ Creutzfeldt-Jakob disease if <55 years of age
- ♮ Cryptosporidiosis
- ♮ Cyclosporiasis
- ❙ ♮ **DIPHTHERIA**
- **DISEASE CAUSED BY AN AGENT THAT MAY HAVE BEEN USED AS A WEAPON**
- ♮ Ehrlichiosis
- ❙ ♮ *Escherichia coli* infection, Shiga toxin-producing
- ♮ Giardiasis
- ♮ Gonorrhea
- Granuloma inguinale
- ❙ ♮ ***HAEMOPHILUS INFLUENZAE* INFECTION, INVASIVE**
- ♮ Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome (HUS)
- ♮ **HEPATITIS A**
- ♮ Hepatitis B (acute and chronic)
- ♮ Hepatitis C (acute and chronic)
- Hepatitis, other acute viral
- ♮ Human immunodeficiency virus (HIV) infection
- # ♮ Influenza
- **INFLUENZA-ASSOCIATED DEATHS IN CHILDREN <18 YEARS OF AGE**
- Kawasaki syndrome
- ♮ Lead - elevated blood levels
- ♮ Legionellosis
- Leprosy (Hansen's disease)
- ❙ ♮ Listeriosis
- Lyme disease
- Lymphogranuloma venereum
- ♮ Malaria
- ♮ **MEASLES** (Rubeola)
- ❙ ♮ **MENINGOCOCCAL DISEASE**
- **MONKEYPOX**
- ♮ Mumps
- Ophthalmia neonatorum
- **OUTBREAKS, ALL** (including but not limited to foodborne, nosocomial, occupational, toxic substance-related, and waterborne)
- ❙ ♮ **PERTUSSIS**
- ❙ ♮ **PLAGUE**
- ❙ ♮ **POLIOMYELITIS**
- ♮ **PSITTACOSIS**
- ♮ **Q FEVER**
- ♮ **RABIES, HUMAN AND ANIMAL**
- Rabies treatment, post-exposure
- ♮ Rocky Mountain spotted fever
- ♮ **RUBELLA**, including congenital rubella syndrome
- ❙ ♮ Salmonellosis
- ♮ **SEVERE ACUTE RESPIRATORY SYNDROME** (SARS)
- ❙ ♮ Shigellosis
- ♮ **SMALLPOX** (Variola)
- ♮ *Staphylococcus aureus*, infection (invasive methicillin-resistant and any vancomycin-intermediate or vancomycin-resistant)
- ❙ ♮ Streptococcal disease, Group A, invasive
- ♮ *Streptococcus pneumoniae* infection, invasive, in children <5 years of age
- ♮ Syphilis (report **PRIMARY** and **SECONDARY** syphilis by rapid means)
- Tetanus
- Toxic shock syndrome
- ♮ Toxic substance-related illness
- ♮ Trichinosis (Trichinellosis)
- ❙ ♮ **TUBERCULOSIS, ACTIVE DISEASE - (MYCOBACTERIA ~)**
- Tuberculosis infection in children <4 years of age
- ♮ **TULAREMIA**
- ♮ **TYPHOID FEVER**
- **UNUSUAL OCCURRENCE OF DISEASE OF PUBLIC HEALTH CONCERN**
- ♮ **VACCINIA, DISEASE OR ADVERSE EVENT**
- ♮ ***VIBRIO* INFECTION**
- ♮ **VIRAL HEMORRHAGIC FEVER**
- ♮ **YELLOW FEVER**
- ❙ ♮ Yersiniosis

♮ These conditions are reportable by directors of laboratories. In addition, these and all other conditions except MRSA are reportable by physicians and directors of medical care facilities.

❙ A laboratory identifying evidence of these conditions shall notify the health department of the positive culture and submit the initial isolate to the Virginia Division of Consolidated Laboratory Services (DCLS).

\# Physicians and directors of medical care facilities should report influenza by number of cases only (report total number per week and by type of influenza, if known).

~ A laboratory identifying *Mycobacterium tuberculosis* complex shall submit a representative and viable sample of the initial culture to DCLS or other laboratory designated by the Board to receive such specimen.

Note: Cancers are also reportable. Contact the VDH Virginia Cancer Registry at (804) 864-7866 for information.

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment
www.vdh.virginia.gov

Revised October 24, 2007

ENCLOSURE 5

THE GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH
CONFIDENTIAL MORBIDITY REPORTS

The District of Columbia Municipal Regulation (DCMR), Title 22, Chapter 2 Communicable and Reportable Diseases, §200-214
Every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, must report to the local health officer for jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.

Two (2) hour reporting of diseases considered communicable shall be reported by telephone and confirmed in writing within 2 hours of provisional diagnosis, or the appearance of symptoms.
Twenty four (24) hour reporting of diseases considered communicable shall be reported by telephone and confirmed in writing within 24 hours of diagnosis, or the appearance of symptoms.
Forty eight (48) hour reporting of diseases considered communicable shall be reported by telephone and confirmed in writing within 48 hours of diagnosis, or the appearance of symptoms.

Disease/Condition (A – Hl)	Time	Disease/Condition (Hu – Ro)	Time	Disease/Condition (Ru – Y)	Time
Acquired Immune Deficiency Syndrome (AIDS)[1]	48 hrs	Human T-Lymphotropic virus type I and II infections (HTLV-I and HTLV-II)[1]	48 hrs	Rubella (including congenital)[2]	2 hrs
Amebiasis (*Entamoeba hystolitica*)[2]	48 hrs	Influenza A infections, Novel[2]	48 hrs	Salmonellosis[2]	24 hrs
Animal Bites[3]	2 hrs	Influenza, human isolates[2]	48 hrs	Scabies[2] – school/daycare associated	48 hrs
Anthrax (Bacillus anthracis)[2]	2 hrs	Influenza-associated mortality (<18 years of age)[2]	48 hrs	Severe Acute Respiratory Syndrome (SARS)[2]	2 hrs
Aseptic meningitis (Viral meningitis)[2]	24 hrs	Kawasaki Disease[2]	48 hrs	Shiga toxin-producing Escherichia coli (STEC)[2]	2 hrs
Botulism (infant, food-borne, wound, and other)[2]	2 hrs	Lead Poisoning[5]	48 hrs	Shigellosis[2]	24 hrs
Brucellosis[2]	48 hrs	Legionellosis[2]	48 hrs	Smallpox[2]	2 hrs
California serogroup virus[3]	48 hrs	Leptospirosis[2]	48 hrs	St. Louis encephalitis virus[3]	48 hrs
Campylobacteriosis[2]	24 hrs	Listeriosis[2]	48 hrs	Staphylococcal infections in newborns (nosocomial)[2]	2 hrs
Chancroid[4]	48 hrs	Lyme Disease (*Borrelia burgdorferi*)[2]	48 hrs	Streptococcal disease, invasive, Group A[2]	2 hrs
Chickenpox (morbidity)[2]	48 hrs	Lymphogranuloma venereum (LGV)[4]	48 hrs	Streptococcal non-invasive, Group A (Scarlet Fever & Strep Throat)[2] – school/daycare associated	24 hrs
Chickenpox mortality (pediatric)[2]	48 hrs	Malaria[2]	48 hrs	Streptococcal pneumoniae, invasive[2]	24 hrs
Chlamydia Infections (including PID and Perinatal)[4]	24 hrs	Measles (rubeola)[2]	2 hrs	Streptococcal toxic-shock syndrome[2]	48 hrs
Cholera (toxigenic *Vibrio cholerae* O1 or O139)[2]	2 hrs	Meningococcal (*Neisseria meningitidis*)[2]	2 hrs	Syphilis (including congenital)[4]	48 hrs
Coccidioidomycosis[2]	48 hrs	Meningitis (other than meningococcal)[2]	24 hrs	Tetanus[2]	48 hrs
Cryptosporidiosis[2]	48 hrs	Mumps[2]	2 hrs	Tinea capitis (Ringworm of scalp)[2] – school/daycare	48 hrs
Cyclosporiasis[2]	48 hrs	Neurosyphilis[4]	24 hrs	Toxic-Shock Syndrome (Staphylococcal)[2]	48 hrs
Dengue (hemorrhagic fever)[3]	24 hrs	Non-Gonococcal urethritis (NGU)[4]	24 hrs	Trachoma[2]	48 hrs
Diarrhea of the newborn, infectious[2]	2 hrs	Ophthalmia Neonatorum[4]	24 hrs	Treptococcal infections in newborns[2]	2 hrs
Diptheria[2]	2 hrs	Outbreaks (unusual occurrences), any Disease[2]	2 hrs	Trichinellosis[2]	48 hrs
Dysentery, bacillary[2]	48 hrs	Pertussis (Whooping cough)[2]	48 hrs	Tuberculosis[6]	48 hrs
Eastern equine encephalitis virus[3]	48 hrs	Pinworm (Enterobiasis)[2] – school/daycare associated	48 hrs	Tularemia[2]	48 hrs
Ehrlichiosis, (HGE, HME, other or unspecified)[3]	48 hrs	Plague (*Yersinia pestis*)[2]	2 hrs	Typhoid Fever (*Salmonella typhi*)[2]	2 hrs
Food-borne disease[2]	2 hrs	Pneumonia[2]	48 hrs	Typhus Fever (Murine)[2]	2 hrs
Giardiasis[2]	48 hrs	Poliomyelitis, paralytic[2]	24 hrs	Vaccine Adverse Events (VAERS)[2]	48 hrs
Glanders[2]	48 hrs	Poliovirus infection, nonparalytic[2]	24 hrs	Vancomycin-intermediate *Staphylococcus aureus* (VISA)[2]	48 hrs
Gonococcal infections[4]	48 hrs	Powassan virus[3]	48 hrs	Vancomycin-resistant*Staphylococcus aureus* (VRSA)[2]	48 hrs
Granuloma inguinale[4]	48 hrs	Psittacosis (Ornithosis)[2]	24 hrs	Vibriosis (non-cholera Vibrio species infection)[2]	48 hrs
Haemophilus influenzae, invasive disease[2]	24 hrs	Q-Fever[2]	24 hrs	Water-borne illness[2]	2 hrs
Hansen Disease (Leprosy)[2]	24 hrs	Rabies, animal species[3]	2 hrs	West Nile virus[3]	48 hrs
Hantavirus Pulmonary Syndrome (HPS)[2]	2 hrs	Rabies, human[2]	2 hrs	Western equine encephalitis virus[3]	48 hrs
Hemolytic Uremic Syndrome, post-diarrheal (HUS)[2]	2 hrs	Relapsing fever, louse-borne[2]	24 hrs	Yellow fever[2]	2 hrs
Hepatitis[1]	48 hrs	Rheumatic fever[2]	48 hrs	Yersiniosis[2]	48 hrs
HIV infection, adult and pediatric[1]	48 hrs	Rocky Mountain spotted fever (RMSF)[2]	48 hrs		

Note: Diseases/Conditions listed in bold face type are deemed nationally notifiable by the Council of State and Territorial Epidemiologists

[1] Report to the HIV/AIDS Administration, TEL (202) 671-4900, FAX (202) 671-4860, 64 New York Avenue, NE, Suite 5001, Washington, DC 20002
[2] Report to the Division of Disease Surveillance and Investigation, TEL (202) 442-9143, FAX (202) 442-8060, 825 North Capitol Street, NE, 3rd Floor, Washington, DC 20002
[3] Report to the Animal Disease Prevention Division, TEL (202) 576-6664, FAX (202) 535-7915, 825 North Capitol St., NE, Washington, DC 20002
[4] Report to the Sexually-transmitted Disease Division, TEL (202) 727-9860, FAX (202) 727-4934/3345, 825 North Capitol Street, NE, 2nd Floor, Washington, DC 20002
[5] Report to the Lead Poisoning Prevention Program, TEL (202) 442-5945, FAX (202) 442-4827, 825 North Capitol Street, NE, 3rd Floor, Washington, DC 20002
[6] Report to the Bureau of Tuberculosis Control, TEL (202) 698-4030, FAX (202) 724-2363, 1900 Massachusetts Avenue, SE, Bldg. 15, Washington, DC 20003

ENCLOSURE 6

Diseases, Conditions, Outbreaks, & Unusual Manifestations Reportable by Maryland Laboratories

The regulations governing laboratory reporting were updated effective October 1, 2008. Table 1, below, copied from the Code of Maryland Regulations (COMAR) 10.06.01.03 C, details the diseases, conditions, outbreaks, and unusual manifestations that are reportable in Maryland. The table has been altered from the exact COMAR version by the addition of information about the reporting of AIDS and HIV. In addition, Table 1 indicates when "clinical materials" should be submitted to the Maryland Department of Health and Mental Hygiene's (DHMH) laboratory, as well as the timeframe for reporting. Several footnotes to the table elaborate on specific details, as do the following sections of this document: Legal Authority, What to Report, How to Report, When to Report, Where to Report, and Submitting Clinical Materials. The regulations apply to laboratories located within Maryland and any that process human specimens obtained from an individual in Maryland. The COMAR changes will be published in The Maryland Register (www.dsd.state.md.us/mdregister/) on October 24, 2008 and will appear in COMAR online (www.dsd.state.md.us/comar/) late on October 31, 2008.

Table 1 Reportable Diseases and Conditions

HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS[1]	LABORATORIES		TIMEFRAME FOR REPORTING[2]	
Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department[3]	Immediate	Within One Working Day
An outbreak of a disease of known or unknown etiology that may be a danger to the public health[4]	Similar etiological agents from a grouping or clustering of patients		X	
A single case of a disease or condition not otherwise included in §C of this regulation, of known or unknown etiology, that may be a danger to the public health	An etiologic agent suspected to cause that disease or condition			X
An unusual manifestation of a communicable disease in an individual	An etiologic agent suspected to cause that disease			X
Acquired immunodeficiency syndrome (AIDS)[5]	Immunosuppression (all CD4+ lymphocyte tests in persons with HIV infection)	X (on request)		X
Amebiasis	*Entamoeba histolytica*			X
Anaplasmosis	*Anaplasma phagocytophilum*			X
Animal bites	Not Applicable		X	
Anthrax	*Bacillus anthracis*	X	X	
Arboviral infections including, but not limited to: Dengue fever Eastern equine encephalitis LaCrosse virus infection St. Louis encephalitis Western equine encephalitis West Nile virus infection Yellow fever	Any associated arbovirus including but not limited to Dengue fever, Eastern equine encephalitis virus, LaCrosse virus, St. Louis encephalitis virus, Western equine encephalitis virus, West Nile virus, Yellow fever virus	X	X	

Instructions for Maryland Communicable Disease Laboratory Reporting (DHMH 1281) REVISED: August 17, 2010

Table 1	Reportable Diseases and Conditions			
HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS[1]	LABORATORIES		TIMEFRAME FOR REPORTING[2]	
Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department[3]	Immediate	Within One Working Day
Babesiosis	Babesia species			X
Botulism	*Clostridium botulinum* or botulinum toxin or other botulism producing *Clostridia*	X	X	
Brucellosis	*Brucella* species	X	X	
Campylobacteriosis	*Campylobacter* species	X		X
Chancroid	*Haemophilus ducreyi*			X
Chlamydia trachomatis, including lymphogranuloma venereum (LGV)	*Chlamydia trachomatis*	X (if LGV strain)		X
Cholera	*Vibrio cholerae*	X	X	
Coccidioidomycosis	*Coccidioides immitis*			X
Creutzfeldt-Jakob disease	14-3-3 protein from CSF or any brain pathology suggestive of CJD			X
Cryptosporidiosis	*Cryptosporidium species*			X
Cyclosporiasis	*Cyclospora cayatensis*			X
Dengue fever	Dengue virus	X	X	
Diphtheria	*Corynebacterium diphtheriae*	X	X	
Eastern equine encephalitis	Eastern equine encephalitis virus	X	X	
Ehrlichiosis	*Ehrlichia* species			X
Encephalitis, infectious	Isolation from or demonstration in brain or central nervous system tissue or cerebrospinal fluid, of any pathogenic organism	X		X
Epsilon toxin of Clostridium perfringens	*Clostridium perfringens*, epsilon toxin		X	
Escherichia coli O157:H7 infection	*Escherichia coli* O157:H7	X	X	
Giardiasis	*Giardia* species			X
Glanders	*Burkholderia mallei*	X	X	
Gonococcal infection	*Neisseria gonorrhoeae*			X
Haemophilus influenzae invasive disease	*Haemophilus influenzae*, isolated from a normally sterile site	X	X	
Hantavirus infection	Hantavirus	X	X	
Harmful algal bloom related illness	Not Applicable			X
Hemolytic uremic syndrome, post-diarrheal	Not Applicable			X

Table 1	Reportable Diseases and Conditions			
HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS[1]	LABORATORIES		TIMEFRAME FOR REPORTING[2]	
Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department[3]	Immediate	Within One Working Day
Hepatitis A acute infection	Hepatitis A virus IgM		X	
Hepatitis, viral (B, C, D, E, G, all other types and undetermined)	Hepatitis B, C, D, E and G virus, other types			X
Human immunodeficiency virus (HIV)[5]	HIV infection, including detectable viral load	X (on request)		X
Influenza-associated pediatric mortality	Influenza virus – associated pediatric mortality in persons aged <18 years (if known)			X
Influenza: novel influenza A virus infection	Isolation of influenza virus from humans of a novel or pandemic strain	X	X	
Isosporiasis	*Cystoisospora belli* (synonym *Isospora belli*)			X
Kawasaki syndrome	Not Applicable			X
LaCrosse virus infection	LaCrosse virus	X	X	
Legionellosis	*Legionella* species	X (if isolate from human)	X	
Leprosy	*Mycobacterium leprae*	X		X
Leptospirosis	*Leptospira interrogans*	X		X
Listeriosis	*Listeria monocytogenes*	X		X
Lyme disease	*Borrelia burgdorferi*			X
Malaria	*Plasmodium* species	X		X
Measles (rubeola)	Measles virus		X	
Melioidosis	*Burkholderia pseudomallei*	X	X	
Meningitis, infectious	Isolation or demonstration of any bacterial, fungal, or viral species in cerebrospinal fluid	X		X
Meningococcal invasive disease	*Neisseria meningitidis* (including serogroup, if known), isolated from a normally sterile site	X	X	
Microsporidiosis	Various microsporidian protozoa, including but not limited to, *Encephalitozoon species*			X
Mumps (infectious parotitis)	Mumps virus			X
Mycobacteriosis, other than tuberculosis and leprosy	*Mycobacterium* spp., other than *Mycobacterium tuberculosis* complex or *Mycobacterium leprae*	X		X

Instructions for Maryland Communicable Disease Laboratory Reporting (DHMH 1281) REVISED: August 17, 2010

Table 1	Reportable Diseases and Conditions			
HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS[1]	LABORATORIES		TIMEFRAME FOR REPORTING[2]	
Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department[3]	Immediate	Within One Working Day
Pertussis	*Bordetella pertussis*		X	
Pertussis vaccine adverse reactions	Not Applicable			X
Pesticide related illness	Cholinesterase below the normal laboratory range.			X
Plague	*Yersinia pestis*	X	X	
Pneumonia in a health care worker resulting in hospitalization	Various organisms			X
Poliomyelitis	Poliovirus	X	X	
Psittacosis	*Chlamydophila psittaci* (formerly *Chlamydia psittaci*)			X
Q fever	*Coxiella burnetii*	X	X	
Rabies (human)	Rabies virus		X	
Ricin toxin poisoning	Ricin toxin (from *Ricinus communis* castor beans)		X	
Rocky Mountain spotted fever	*Rickettsia rickettsii*			X
Rubella (German measles) and congenital rubella syndrome	Rubella virus		X	
Saint Louis encephalitis	St. Louis encephalitis virus	X	X	
Salmonellosis (nontyphoidal)	*Salmonella* species, including serogroup, if known	X		X
Severe acute respiratory syndrome (SARS)	SARS–associated coronavirus (SARS-CoV)	X	X	
Shiga-like toxin producing enteric bacterial infections	Shiga toxin or shiga-like toxin or the toxin-producing bacterium	X	X	
Shigellosis	*Shigella* species, including species or serogroup, if known	X		X
Smallpox and other orthopoxvirus infections	Variola virus, vaccinia virus, and other orthopox viruses	X	X	
Staphylococcal enterotoxin B poisoning	*Staphylococcus* enterotoxin B		X	
Streptococcal invasive disease, Group A	*Streptococcus pyogenes*, Group A, isolated from a normally sterile site	X		X
Streptococcal invasive disease, Group B	*Streptococcus agalactiae*, Group B, isolated from a normally sterile site	X		X
Streptococcus pneumoniae invasive disease	*Streptococcus pneumoniae*, isolated from a normally sterile site	X		X

Instructions for Maryland Communicable Disease Laboratory Reporting (DHMH 1281) REVISED: August 17, 2010

Table 1	Reportable Diseases and Conditions			
HEALTH CARE PROVIDERS, INSTITUTIONS, & OTHERS[1]	LABORATORIES		TIMEFRAME FOR REPORTING[2]	
Diseases and Conditions	Laboratory Evidence of	Submit Clinical Materials to the Department[3]	Immediate	Within One Working Day
Syphilis	*Treponema pallidum*			X
Tetanus	*Clostridium tetani*			X
Trichinosis	*Trichinella spiralis*			X
Tuberculosis and suspected tuberculosis[5]	*Mycobacterium tuberculosis* complex	X	X	
Tularemia	*Francisella tularensis*	X	X	
Typhoid fever (case, carrier, or both, of Salmonella Typhi)	*Salmonella* Typhi	X	X	
Vancomycin-intermediate *Staphylococcus aureus* (VISA) infection or colonization	Intermediate resistance of the *S. aureus* isolate to vancomycin	X		X
Vancomycin-resistant *Staphylococcus aureus* (VRSA) infection or colonization	Resistance of the *S. aureus* isolate to vancomycin	X		X
Varicella (chickenpox), fatal cases only	Varicella-zoster virus (Human herpesvirus 3)			X
Vibriosis, non-cholera[7]	All non-cholera *Vibrio* species[7]	X		X
Viral hemorrhagic fevers (all types)	All hemorrhagic fever viruses, including but not limited to Crimean-Congo, Ebola, Marburg, Lassa, Machupo viruses		X	
Western equine encephalitis	Western equine encephalitis virus	X	X	
Yersiniosis	*Yersinia* species	X		X

Footnotes:

1. As required to report in Regulation .04A(1)—(3), (5), and (6) of this chapter.
2. The timeframe for reporting is specified in regulation .04C of this chapter.
3. Clinical material shall be submitted according to §B of this regulation.
4. Any grouping or clustering of patients having similar disease, symptoms, or syndromes that may indicate the presence of a disease outbreak.
5. Acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV), including CD4+ lymphocyte count and viral load, are reportable under Subtitle 18 of this title and COMAR 10.18.02.
6. Tuberculosis confirmed by culture and suspected tuberculosis as indicated by:
   a. A laboratory confirmed acid-fast bacillus on smear;
   b. An abnormal chest radiograph suggestive of active tuberculosis;
   c. A laboratory confirmed biopsy report consistent with active tuberculosis; or
   d. initiation of two or more anti-tuberculosis medications.
7. Vibriosis, non-cholera, identified in any specimen taken from teeth, gingival tissues, or oral mucosa is not reportable.

Legal Authority: Maryland Code Annotated, Health-General § 18-205, effective 10/1/2008, and Code of Maryland Regulations (COMAR) 10.06.01, chapter amended as an emergency provision effective October 1, 2008. For HIV: COMAR 10.18.02. Please refer to the text of COMAR itself for complete reporting information.

What to Report – Diseases, Conditions, etc.: Laboratories must report laboratory evidence of the agents responsible for the diseases and conditions that health care providers are also required to report as indicated in Table 1 above. Reporting by laboratories does not nullify the health care provider's or institution's obligation to report these diseases and conditions, nor does reporting by laboratories nullify the health care provider's or institution's obligation to report.

ACTION MEMO

FOR: COMMANDER, JTF CapMed

FROM: Mr. Rolando C. Diaz, Epidemiology Technician, Fort Belvoir Community Hospital

SUBJECT: Proposed JTF CAPMED Directive 5103.XX, "Medical Surveillance Optimization Work Group Charter"

- The attached Charter (TAB A) establishes the Medical Surveillance Optimization Work Group.
- This issuance was reviewed for "legal sufficiency" by the legal advisor on 2 March 2012.
- This issuance was reviewed for security concerns. In accordance with Deputy Secretary of Defense Message 090426ZAUG06, "Information Security/Website Alert," it will be released to the public on the unclassified JTF CapMed Issuances Website.

RECOMMENDATION: Sign at TAB A.

COORDINATION: The list of coordinating officials is at TAB C.

Attachments:
TAB A: JTF CAPMED-D 5103.05
TAB B: Legal Review
TAB C: List of Coordinating Officials

Prepared by: CAPT Christopher R. Armstrong, MC, USN, J3B, +301.319.8378

ISSUANCE ROUTE SHEET	STAFF ACTION FOR:
ISSUANCE TITLE: MEDICAL SURVEILLANCE OPTIMIZATION (MSO) WORK GROUP CHARTER	SUSPENSE DATE:
	DATE:3/26/2012

ROUTING CODES: A = Action, C = Comments, E = Endorsement, ED = Edit, I = Information, P = Process, R = Review, S = Signature, F/S = Final Approval Signature, F = File

APPROVAL

	ROUTING	INIT	DATE	COMMENTS
J-5 Deputy Chief, Policy	P		27 mar 12	
Executive Secretariat Office	R		3/27/12	
Director, Executive Secretariat Office	R		3/28/12	
Executive Director for Administrative Operations				
Executive Director for Healthcare Operations	SR		4/24/12 4/10/12	per Jennifer Cox addressed & returned 4/11 TMF
Aide to ~~Deputy~~ Commander DESS		BB	4-24-12	
~~Deputy~~ Commander ~~Acting~~	S			
Aide to Commander				
Executive Assistant to the Commander				
Commander		SJ		
Executive Secretariat Office	P		APR 2 7 2012	

GRADE/NAME OF DIRECTORATE FOCAL POINT/PHONE NUMBER	DATE COMPLETED
GS12/Shane Oliver Chung/301 295 0669	3/26/2012